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Life Environment and its Influence on the Child's State of Health and Frame of Mind

Abstract

A particular role in shaping the child's health state and frame of mind is played by the environment and the circle of people, things and relationships surrounding them placed in it. The family, the house and its neighbourhood and school are the closest life environment influencing their personality, having an impact on their way of thinking, acting and making choices of behaviour connected with health.

Key words: *environment, life environment, family, school*

The environment where children spend their life has a direct influence on the state of their health and frame of mind. It constitutes **an inherent element of the environment** and their existence at all the stages of life and is inseparable from it. Children's perception of the environment plays an important role in the **process of socialisation** and "is not unimportant in **choices of behaviour** made by them, connected with their health, lifestyles, and perception of relations between the elements of the environment" (E. Syrek, 2008, p. 42). However, among "many notions connected with the category of **the environment** (social, educational, invisible, objective, subjective ones, little homeland, life space of a human being, etc.) **the life environment**, including all possible configurations of elements of the environment where an individual dwells, seems to be the most important one, recently often used in social pedagogy. The specific feature of this notion is the fact that depending on how the individual places themselves in the given environment it assumes various attributes. It can be objective, subjective, invisible, material, wider or direct. An individual can assume a passive, defensive and creative (active) approach" (E. Marynowicz-Hetka, 2006, p. 54). The environment is created by various **"systems**

of external influences, both intentional and unintentional ones”, thanks to which a human being develops and shapes their personality, perfects their system of cooperation with the surroundings (D. Lalak, T. Pilch, 1999, pp. 297–298.), which they change continuously, going from home, across the street, to school, to a shop or to the theatre (H. Radlińska, 1961, p. 30).

The influence of the environment accompanies us everywhere, and sometimes decides about the choice of surroundings, it often has an impact on behaviour in new surroundings, on an attitude towards temporary surroundings. In other words, “the environment is part of surroundings, which have a certain impact on the individual” (A. Kamiński, 1980, p.40).

When we talk about the **environment without any reference to anyone**, we can have in mind a “purely natural environment”, or “social-natural”, or “technical-social” one. However, whenever we talk about one's environment or refer it to someone we always stress its social character. First of all, we have in mind “an entanglement of relationships, in which an individual remains in a given environment, or in which they can enter with other individuals or social groups creating a given environment – roles, which they play or are able to play, influences to which they yield or are able to yield in it, or which they exert or are able to exert on it” (S. Kowalski, 1979, p. 67).

Family constitutes “a special place among various environments of the child's functioning and a basic developmental context, facilitating developmental processes of its members in a course of direct and long-lasting interactions based on close ties” (L. Bakiera, 2003, p. 47). It is “a spiritual union of a narrow group of people, focused on their own hearth by acts of mutual help and care, based on a belief in a real or alleged biological connection, family and social tradition” (F. Adamski, 2002, p. 29). The family is a basic and natural environment of the younger generation's life and upbringing and as such it influences in a **socializing** way, “creates conditions for the proper development or hinders the development.” Through preferred lifestyles, habits, customs, traditions it introduces the child into the world of culture and stimulates their cultural development. Therefore, it constitutes the main and original educational and cultural environment (W.T. Danilewicz, 2000, p. 87). Due to their position and long duration of contact with the child, parents have the greatest opportunities to shape their children's health and fitness from their birth till their coming of age. Fulfilling this obligation depends largely on the parents' behaviour (B. Kuras, 2003, p. 62). “Parents are for the child the first, and in the initial period of the child's development, the only model of health behaviour (A. Gawel, 2001, p. 120). The child's future depends on the family, thus it shows “extraordinarily large potential and educational capabilities, which are inherent

in the family and simultaneously creates a challenge for substantial educational actions in the family” J. Izdebska, 2003, p. 70). The family plays a basic role in health promotion and health improvement (B. Tobiasz-Adamczyk, 2000, p. 77). In the family there is “a system of rules which makes it possible to interpret contemporary events and create new knowledge. Common knowledge influences the functioning of the family members – their way of life” (M. Chądryńska, E. Dryll, 2004, p. 17). Within the frame of the family health education and shaping attitudes towards health take place together with passing certain elements of the knowledge of health and sickness, creating emotional approach to health as a value, teaching basic hygienic and care habits, pro – and anti-health behaviour, behaviour in sickness, etc. Hence, family plays a “basic role in health promotion and facilitation” (B. Tobiasz-Adamczyk, 2000, pp. 170–171).

Another important environment for health promotion actions is **school**. Health and education are inseparably related, as proper organism functioning and good mental and social frame facilitate “good disposition for studying – processes of concentration, thinking, memorizing, remembering, learning basic skills; motivation for learning and school satisfaction; developing talents, interests and creativity; as well as good relationships with the members of school society” (B. Woynarowska, 2000, pp. 15–16). International organisations, such as WHO, UNESCO and UNICEF, recommend the following rules of comprehensive health education:

- “Take into account the holistic approach to health and health conditioning factors, connected with people, environment and life conditions.
- Use all circumstances for health education: formal and informal curriculum, innovation curricula, teaching situations, role models; resources of all intra-school and extra-school services.
- Strive for harmonising health information that students receive from various sources: family, school, peers, mass-media, new information technologies, advertisements and commercials.
- Encourage students to the healthy lifestyle and create conditions and possibilities for health facilitating behaviour at school” (B. Woynarowska, 1995, p. 33).

In Poland it is unusually difficult to rebuild the changing, though still ineffective, school and the teacher work model, as professor A. Radziewicz – Winnicki asserts, because the “model of modern school in Poland leaves a lot to be desired. Despite changes it is still characterized by a large degree of centralisation and directivity, little scope of socializing decisive processes, rigid management system” (A. Radziewicz-Winnicki, 2001, p. 33). Currently in Poland, pursuant to the

Ordinance of the Minister of National Education and Sport of 26th February 2002 on core curriculum of pre-school education and general teaching in specific types of schools, a head-teacher should ensure including issues of educational paths in a school set of curricula. Educational law states that the head-teacher is responsible for including issues of educational paths in a school set of curricula, while teachers of all subjects are responsible for the execution of educational paths through incorporating contents of given paths into their own curriculum (Ordinance of the Minister of National Education and Sport of 26th February 2002).

Healthy life makes the “basic task of any human being determining practically every sphere of human behaviour” (Z. Chromiński, 2003, no 11, p. 3). One of the conditions of such a life is an awareness that “health is not a permanent state, therefore, in all periods and environments of life popularization and promotion of a healthy lifestyle is important” (E. Juško, B. Niziołek, 2000, p. 42).

Lifestyle is “the most general characteristic of the activeness of a given group or individual, favouring actions and values specific (i.e. actions of a specific group or a person distinguishing them from other groups and individuals we compare them to) to them”, and undergoing repeatedly more or less radical changes. They take place while transgressing from one life epoch to another and are caused by changes in social position, self-educational work, changes in the system of values. (A Płotka, 2003, p. 98). Lifestyle is dependent on “environment, society and its standards, and also cultural standards, man's economic situation, health-social policy of the state, personal beliefs, knowledge, values and man's awareness of health usefulness (B. Zawadzka, 2002, p. 205). **Lifestyle and health behaviour** can, or even should change within the human being's life. However, the most important period of its shaping is childhood and youth. “The shaping takes place under a strong influence of health behaviour of the adults, mostly parents and teachers, creating specific life conditions for the child and being role models, which the child copies and often accepts uncritically” (K. Bożkova, Z.J. Brzeziński, J. Kopczyńska-Sikorska, B. Woynarowska, 1989, pp. 42–43).

Children health promotion actions at school are perfect opportunities to increase the level of knowledge and **life skills** enabling the development of children's positive adaptive behaviour which allows to effectively deal with tasks and challenges of their everyday life (M. Sokołowska, 2007, p. 444).

A good frame of mind and health is conditioned by proper interpersonal relationships and **social support**. Social support provides the child with necessary emotional resources and practical guidelines. Moreover, bad relationships with the intimates can lead to physical and mental health deterioration (J. Karski, 2007, pp. 53–54) disturbing the life environment described as a set of conditions among

which the child dwells and reshaping the factors shaping their personality” (H. Radlińska, 1961, p. 366).

By passing knowledge about health and proper life skills to children we make keeping and protecting their health and good frame of mind easier. **Health behaviour** is shaped mainly within the period of the child’s growth and development. It takes place in a process of socialization understood as passing the knowledge about the surrounding world and cultural heritage to the offspring and preparing them for adult social roles (S. Kawula, 1998, p. 38) or as all actions undertaken by society, families, school and social environment in particular, aiming at turning an individual into a social being (W. Okoń, 2004, pp. 373–374). Hence, health behaviour is shaped under the influence of various factors, including role models and instructions passed by their teachers, peers, school, religion, local community and mass-media. Wrong behaviours shaped in childhood and youth are difficult to change in the adulthood.

Passing knowledge about health, shaping proper abilities, convictions and attitudes help them improve their state of health and frame of mind in their life environment (B. Woynarowska, 2000, p. 417).

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